

**Arizona Department of Economic Security
Division of Developmental Disabilities
Request for Qualified Vendor Applications (“RFQVA”) # DDD 710000**

APPLICATION SUBMITTAL CHECKLIST~~Application Submittal Checklist~~

To assure a complete submission of your Qualified Vendor Application (“QVA”) to the Division of Developmental Disabilities (“Division”) in response to the “Request for Qualified Vendor Applications (“RFQVA”) # DDD 710000”, please follow the designated steps below. The Division must receive one complete original of all of the submitted items listed below.

1. Hardcopies of Section 1 through Section 8 of the Application that were submitted electronically in the Qualified Vendor Application and Directory System (“QVADS”) via the Division’s website:

Electronic submission completed. You have (1) activated the electronic submission, (2) received a submittal confirmation email, and (3) generated the official printable version of your electronic submission for each of the sections listed below. The official printable version includes your computer-generated contract number.

Document Required	Document Attached	DDD Use Only
<u>Section 1:</u> a- Application & Qualified Vendor Agreement Award (<u>original signature required</u>)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 2:</u> b- Vendor Contract Information	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 3:</u> c- Assurances & Submittals Form (<u>original signature required</u>)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 4:</u> d- Vendor Policies	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 5:</u> g- <u>Vendor</u> Administrative Sites, including h- Service Sites* <u>Service Sites are required for:</u> <ul style="list-style-type: none">• <u>Center-Based Employment</u>• <u>Group Homes, including Nursing Supported Group Homes and</u>• <u>Day Treatment and Training Sites (if applicable);</u>• <u>Vendor Supported Developmental Home</u>• <u>Individually-Designed Living Arrangement (funded as HID/daily rate)</u> <u>*Note: Section 5 has been combined with the former Section 6 (formerly Service Sites); there is no longer a separate Section 6.</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 7:</u> e- Services	<input type="checkbox"/>	<input type="checkbox"/>

<u>Section 8:</u> Service Level Detail	<input type="checkbox"/>	<input type="checkbox"/>
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2. ~~Original Signature on Application page (1a above).~~

~~Original Signature on Assurances and Submittals page (1b above).~~

~~7. Corporate ownership/affiliation organizational chart (if required).~~

Hardcopies of the information required if you answered “YES” to designated Assurances in Section 3, Assurances & Submittals Form, in QVADS:

Document Required	Document Attached	DDD Use Only
a)11. Explanation and status of revocation, denial, or suspension of license, certification, and/or registration if you answered YES to <u>AssuranceQuestion 35</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
b)12. Description of contracts terminated if you answered YES to <u>AssuranceQuestion 46</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
c) Description of contract lawsuits if you answered YES to <u>Assurance 5</u> .	<input type="checkbox"/>	<input type="checkbox"/>
d)13. Summary of suits or judgments pending or entered if you answered YES to <u>AssuranceQuestion 67</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
e)14. Information regarding convictions related to Medicare, Medicaid, or the State Children’s Health Insurance Program if you answered YES to <u>AssuranceQuestion 78</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
f)15. Information regarding conviction of a felony if you answered YES to <u>AssuranceQuestion 89</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
g)16. Explanation of noncompliance with any civil rights requirements if you answered YES to <u>AssuranceQuestion 910</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
h) Explanation of suspension or debarment if you answered YES to <u>Assurance 10</u> .	<input type="checkbox"/>	<input type="checkbox"/>
i) Explanation of pending suspension or debarment if you answered YES to <u>Assurance 10.2</u> .	<input type="checkbox"/>	<input type="checkbox"/>
j) Disclosure statement for any judgments, tax deficiencies, or claims pending or entered if you answered YES to <u>Assurance 11</u> .	<input type="checkbox"/>	<input type="checkbox"/>
k) Final Court-approved order disposing of the bankruptcy case if you answered YES to <u>Assurance 12</u> .	<input type="checkbox"/>	<input type="checkbox"/>
l) An organizational chart that demonstrates ownership and/or corporate affiliations is you answered YES to <u>Assurance 13</u> .	<input type="checkbox"/>	<input type="checkbox"/>

m)17. Conflict/potential conflict of interest disclosure statement if you answered YES to <u>AssuranceQuestion 142</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
n)18. Substantial interest disclosure statement if you answered YES to <u>AssuranceQuestion 153</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
on) Subcontractor information if you answered YES to <u>AssuranceQuestion 19</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
p) Name and affiliation of each consultant if you answered YES to <u>Assurance 27.</u>	<input type="checkbox"/>	<input type="checkbox"/>
q) Name of each Applicant that submitted an Application and/or the name of each awarded QVA that was used as a resource if you answered YES to <u>Assurance 28.</u>	<input type="checkbox"/>	<input type="checkbox"/>
19. Explanation of pending suspension or debarment if you answered YES to <u>Question 15</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
20. Disclosure statement for any judgments, tax deficiencies, or claims pending or entered if you answered YES to <u>Question 20</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
21. Court approved order disposing of the bankruptcy case if you answered YES to <u>Question 23</u> on Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>

3. Hardcopies of the applicable Attachments C through J found in Section 9 of the RFQVA on the Division's website (<https://www.azdes.gov/main.aspx?menu=96&id=4792>):

~~23.~~ One complete original and one copy of all submitted information listed in items 1 through 22 above.

Document Required	Document Attached	DDD Use Only
<u>Section 9, Attachment C:</u> 4. Original Signature on Certification Regarding Lobbying (Attachment C)(original signature required)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 9, Attachment D:</u> 5. Original Signature on Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction (Attachment D)(original signature required)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 9, Attachment E:</u> 28. Assurances & Submittals HardecopyData Sharing Agreement <i>(original signatures required)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 9, Attachment F:</u> Qualified Vendor Supported 25. Submitted required documentation for Developmental Home Third Three- Party Agreement <i>(original signatures required)</i> <i>[This attachment is only required if the Applicant is applying for the service of Vendor Supported Developmental Home]</i>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Section 9, Attachment G:</u> 24. Submitted required documentation for Request for Search of Central Registry for Background Check	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 9, Attachment H:</u> Business Plan	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 9, Attachment I:</u> 26. Completed Contractor's Pandemic Planning Checklist Contingency Plan	<input type="checkbox"/>	<input type="checkbox"/>
<u>Section 9, Attachment J:</u> 27. Completed and Submitted Business Associate Agreement (<i>original signature required</i>)	<input type="checkbox"/>	<input type="checkbox"/>

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